## IOWA COLLEGE STUDENT AID COMMISSION 2020-21 Education Training Voucher (ETV) Enrollment Verification

Student Name:	DOB:	
By signing below, I certify that:		
<ul> <li>The student named above is eligible to the student listed above is enrolled at a Financial aid, including ETV, does not be Loans are reduced prior to reducing ETV funds must be returned to the low school's satisfactory academic progressing be returned within 30 days of the colonial to the student progressing the student progressing to the student progressing to</li></ul>	ot exceed the student's total cost of edu ETV awarded under this program; va College Student Aid Commission in ess standards, does not enroll, or other llege's determination that the student d	ial Aid programs; requirements established by the college; recation; the event the student: does not meet the twise not eligible for this award. Funds must oes not meet one of these criteria.
Please circle the standard enrollme	-	ster Quarter Clock Hour Other
Term of Enrollment (ex: Fall, Spring, etc) _		
Student's enrollment in credit hours:	<del></del>	
21 lowaStudentFinancialAidGuide, Ch	er year will not exceed \$5,000. Stude on about ETV is in the following guide because 10.	nts enrolled less than full-time can receive <a href="https://www.iowacollegeaid.gov/2020-">https://www.iowacollegeaid.gov/2020-</a>
Start and end dates of 2020-21 academi	c year:	
What is the next term the student is project	cted to attend?	
When should we contact you to verify en	rollment for that term?	
Please complete and return this form to th The form can be E-mailed or faxed to <u>Tris</u> <b>college or university until this veri</b>	<u>stan.lynn@iowa.gov</u> or 51 <i>5-</i> 725-3401.	
ETV Coordinator• Iowa Col	llege Aid • 475 SW Fifth St, Suite D •	Des Moines •IA •50309-4608
PRINTED NAME	Τίτιε	
Signature	Date	

E-MAIL ADDRESS

CITY, STATE

PHONE

COLLEGE/UNIVERSITY